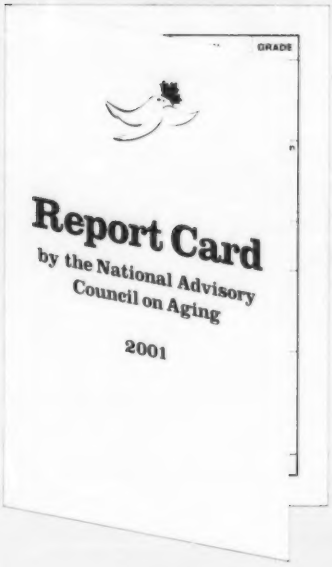

Report Card on Seniors in Canada

Canada

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National Advisory Council on Aging / Conseil consultatif national sur le troisième âge

Seniors in Canada: A Report Card

by the National Advisory Council on Aging

2001

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What is the National Advisory Council on Aging?

The National Advisory Council on Aging (NACA) was created by Order-in-Council on May 1, 1980 to assist and advise the Minister of Health on issues related to the aging of the Canadian population and the quality of life of seniors. NACA reviews the needs and problems of seniors and recommends remedial action, liaises with other groups interested in aging, encourages public discussion and publishes and disseminates information on aging.

The Council has a maximum of 18 members from all parts of Canada. Members are appointed by Order-in-Council for two- or three-year terms and are selected for their expertise and interest in aging. They bring to Council a variety of experiences, skills and aptitudes.

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Foreword

101-06115/

How well are Canadian seniors doing? To answer this very important and timely question, the National Advisory Council on Aging (NACA) is publishing this Report Card, a follow-up to *1999 and Beyond – Challenges of an Aging Canadian Society*, which identified major areas for attention in this decade. The Council hopes that the Report Card will serve to sustain the momentum for policy action that will improve the health and well-being of seniors in Canada.

This Report Card on seniors was developed in consultation with gerontology experts, national seniors' organizations and federal government officials working in aging and seniors policy. With the help of these experts, NACA identified the best measures to assess performance in key policy areas.

To evaluate how well Canadian seniors are doing, the Report Card reviews the answers to a series of questions that capture key aspects of seniors' health and well-being:

- How healthy are seniors?
- How is the health care system serving seniors?
- How well are seniors faring economically?
- What are seniors' living conditions?
- How are seniors participating in society?

Each section of the Report Card deals with one of these questions. The indicators for each are described, as well as their limitations. When the information can be interpreted, a summary evaluation is made of the situation, and a grade is given:

A – Very Good;
B – Good, with improvements needed;
C – Satisfactory, with significant improvements needed; and
D – Unsatisfactory.

This grading is backed up by a table describing the direction of the trends for each indicator and some highlights illustrating the positive and the negative trends. In conclusion, the Report Card gives an overall grade for the situation of seniors in Canada, in the year 2001. Some readers will find the grades too lenient; others will find them too harsh. Attributing grades is always a subjective exercise. In so doing, however, NACA sought to draw attention to the shortcomings and establish a base line against which to measure progress.

As a first, this Report Card sets the stage for monitoring the situation of seniors over the next several decades. NACA intends to publish a full Report Card every five years, and regular progress reports in between that focus on priority areas. Over time, the picture of how seniors are doing in Canada will have a sharper focus and bring to light important information that is currently unavailable.

We look forward to readers' comments and suggestions concerning this first *Seniors in Canada: A Report Card* in the hope of developing an increasingly useful tool for bettering the lives of Canadian seniors.

Patricia Raymaker
Chairperson

How Healthy are Seniors?

How Healthy are Seniors?

Overview

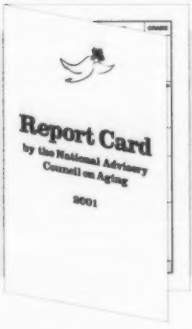
Many measures exist to assess the health of seniors. This section examines life expectancy and health expectancy at age 65, as well as seniors' perceptions of their own health. It also takes a close look at the prevalence of some of the major chronic diseases experienced by seniors and of limitations in the activities in daily living resulting from chronic conditions. Levels of physical inactivity and smoking are assessed because many chronic illnesses in older age result from a lack of adequate exercise and tobacco use. Trends in seniors' injuries are assessed as well: seniors suffer more unintentional injuries than younger persons – especially injuries resulting from falls – which can lead to long-term disability and even institutionalization. Positive mental health is evaluated with respect to the sense of coherence, and mental health problems are examined through suicide rates, which are the most severe consequence of mental distress.

About the Information

- The information reported is based mainly on population averages and does not capture differences among subgroups of seniors. For instance, it does not fully capture the poorer health status and lifestyle habits of seniors with low income and low educational levels.
- The information about injuries reflects the injuries that result in hospital admissions and does not include the number of seniors' injuries that do not lead to hospitalization.

Report

- The health of seniors is improving in many respects: seniors feel healthier, have somewhat healthier lifestyles and experience less disease and disability and generally lower suicide rates than in the past. The trend is in the right direction, but there is still considerable room for improvement, especially in the adoption of healthy lifestyle behaviours that can prevent many chronic diseases, in the prevention of injuries and in the prevention of suicide among men aged 85+. The health of economically disadvantaged Canadians also needs attention.



Grade: C

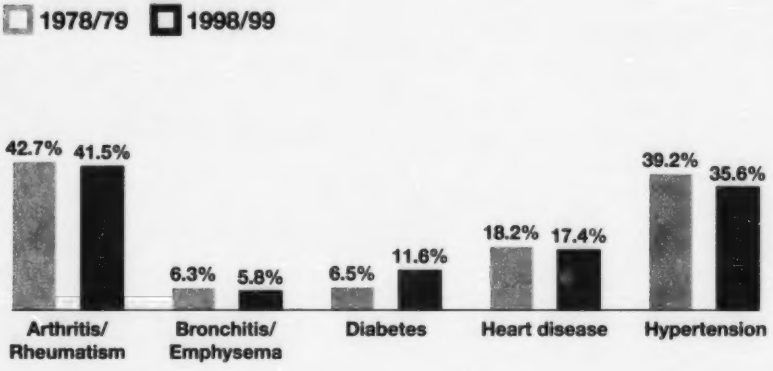
How Healthy are Seniors?

Indicator	Definition	Trend Direction Indicates
Life expectancy at age 65	Average number of years of life remaining after age 65	Situation improving
Health expectancy	The average number of years after age 65 that an individual can expect to live in good health	Situation improving
Perceived health status	How seniors assess their own health	Situation improving
Chronic disease prevalence	Percentage of seniors with key chronic diseases	Mixed situation
Activity limitations	Restriction in activities of daily +living resulting from a long-term health problem	Situation improving
Personal health practices	Percentage of seniors who are physically inactive Percentage of seniors who smoke	Situation improving Situation improving
Unintentional Injuries Hospitalizations due to falls	Number of seniors' unintentional injuries resulting in hospitalization Number of seniors' injuries resulting in hospitalizations that are due to falls	Stable situation Stable situation
Suicide rate	Number of suicide deaths per 100,000 persons in the same age group	Mixed situation
Sense of coherence	Percentage of seniors reporting that life is meaningful, that events are comprehensible and that challenges are manageable	Situation improving

Strengths

- Seniors enjoy longer life expectancy than ever before and gradual increases are still occurring. Not only do the vast majority of Canadians now survive to age 65, but a 65 year-old woman can expect to live an additional 20 years and a 65 year-old man an additional 16 years. Life expectancy after 65 has doubled over the past century. From 1986 to 1996, men's life expectancy increased by 1.1 years and women's by 0.6 years.[1]
- Health expectancy has grown at almost the same pace as life expectancy, which means that seniors can expect a better quality of life for some of the added years of life. Men aged 65 can expect to live the equivalent of 82% of their remaining years in good health; women, 80%.[2] Between 1986 and 1996, the health expectancy of men aged 65+ increased by 1.1 years, compared to 0.5 years for their female counterparts, virtually matching the increase in life expectancy over this same period.[3]
- The prevalence of some important chronic conditions among seniors, notably heart disease, high blood pressure, arthritis and of long-term activity limitations, has declined slightly since the late 1970s. **(See Chart 1.1)**
- Seniors increasingly view their health in positive terms, despite the health problems they may have. In 1995, 73% of seniors considered their health to be excellent, very good or good[4]; in 1998-99, this figure improved to 77% of seniors.[5]
- The majority of seniors do not engage in behaviours harmful to their health. In 1998-99, 87% of seniors said they do not smoke.[6] This rate of non-smoking is almost identical as in 1995 (88%) but is a substantial improvement over the 1985 figure of 81%.[7]
- Fewer seniors in general are committing suicide and their overall suicide rates are no higher than the Canadian average. Indeed, senior women have a lower rate than the Canadian average. There were 12.4 suicides per 100,000 persons[8] among seniors in 1997 (the overall Canadian average for

CHART 1.1
Diabetes rates are increasing while rates of other chronic diseases are decreasing



Source: Statistics Canada. How healthy are Canadians? *Health Reports*, Vol. 11, No. 3, Winter 1999. Cat. No. 82-003-XPB.

1997 was 12.3), down from 14 per 100,000 in 1993.[9] Among senior women, 1997 rates were 4.5 deaths per 100,000 (down from 5.9 per 100,000 in 1993), compared to an average of 5.1 deaths for the total female population.[10]

- A measure of positive mental health is the sense of coherence, that is, the extent to which life is meaningful, events comprehensible and challenges manageable. Compared to the total Canadian population aged 18 to 64, seniors enjoy a higher sense of coherence. In 1994-95, 26% of Canadians aged 18 to 64 and 42% of persons aged 65+ reported having a high sense of coherence. In 1998-99, seniors reporting a high sense of coherence rose slightly to 44%.[11]

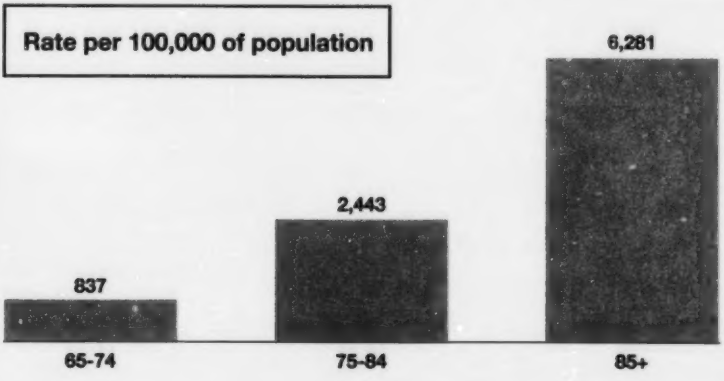
Weaknesses

- Improvements in health have not been shared by all and gaps remain significant. Seniors with low education and low income are more likely to have chronic conditions or long-term activity limitations.[12] In 1998-99, 30% of seniors with household incomes of less than $20,000 saw themselves as being in fair to poor health and 69% of these people were

physically inactive. In comparison, 20% of seniors with incomes over $20,000 rated themselves as being in fair to poor health and 58% were physically inactive.[13]

- Despite a decline, the prevalence of chronic diseases remains high and increases with age. Only 16.9% of seniors aged 65 – 74 and 13.2% of seniors aged 75 and older reported no chronic illnesses in 1998-99.[14] The prevalence of diabetes has increased since the 1970s. **(See Chart 1.1)**
- Hospital admissions due to unintentional injuries occur most often among seniors and the situation has not improved. Compared to 1995-96, when seniors accounted for 72,472 or 33% of all injury admissions, in 1997-98 there were 73,595 injury admissions among seniors, representing 36% of all injury admissions that year.[15]
- Falls represent the major cause of injury admissions to hospitals for seniors. In 1997-98, falls accounted for 85% of injury admissions.[16] Seniors aged 85+ are especially at risk. **(See Chart 1.2)** Between 1994-95 and 1997-98, no progress was made in reducing injury admissions due to falls.[17]

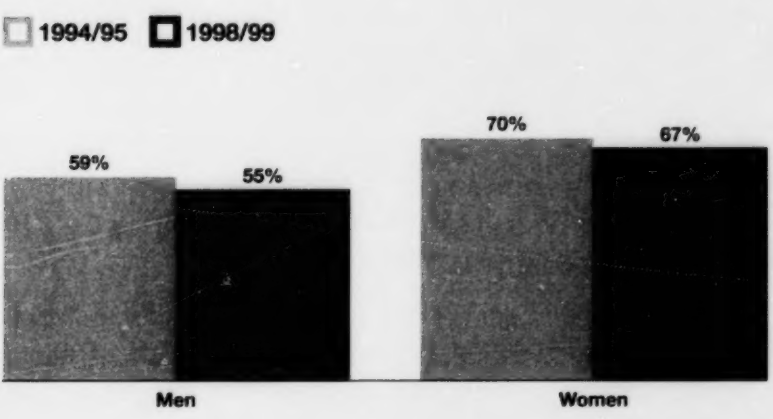
CHART 1.2
Older seniors are more often hospitalized due to falls



Source: Health Canada. *Canadian injury data: Mortality – 1997 and hospitalizations – 1996/97.* Ottawa: October 1999.

- The majority of seniors are physically inactive. However, there has been some improvement between 1994-95[18] and 1998-99. **(See Chart 1.3)**

CHART 1.3
Most seniors are inactive



Sources: Federal, Provincial and Territorial Advisory Committee on Population Health. *Report on the Health of Canadians: Technical Appendix*. Ottawa: Health Canada, 1996.
Custom analysis conducted for NACA by the Canadian Council on Social Development, 2000.

- Fewer seniors than non-seniors who smoke plan to quit within the next 6 months. Compared to 49% of the total population of daily smokers, only 32% of seniors aged 65-74 and 28% of seniors aged 75+ were thinking of quitting in 1998-99.[19]
- Senior men over 85 years have the highest suicide rate of all age and sex groups and the rate has increased. In 1997, there were 34.3 suicides for every 100,000 men aged 85+ compared to a national average of 23 suicides for all men that year.[20] In 1993, there were 28 suicides per 100,000 men aged 85+.[21]

For Action

- Priorities for immediate action are injury prevention, promoting physical activity and suicide prevention, especially for older men.

How is the Health Care System Serving Seniors?

How is the Health Care System Serving Seniors?

Health care services are important for preventing seniors' health problems, promoting and restoring health and preventing further deterioration. It is therefore difficult to assess how well Canadian seniors are doing without a good understanding of how the health care system is serving seniors. Unfortunately, from the data available, it is not yet possible to assess whether seniors are receiving the right kind and frequency of care. While a grade cannot be given for the moment, the Report Card shows trends that are known, explains some of the gaps in understanding these trends, and provides examples of indicators that are needed to make an accurate assessment in the future.

What We Know

- Seniors use physicians more than other age groups, yet age alone does not determine how often seniors consult physicians: seniors over 75 consult a physician only slightly more than seniors under 75.[22]
- Seniors are admitted to hospitals more than other age groups and stay longer when they are admitted.[23] But for seniors, as for other age groups, the number and length of hospitalizations have been decreasing.[24]
- The majority of seniors do not take a large number of different prescription drugs. In 1998-99, only 15% of seniors took 5 or more medications within a 2-day period.[25] A significant number of seniors take tranquilizers or sleeping pills and female users outnumber males.[26]
- Based on 1998-99 data, about 12% of seniors had received home care in the previous 12 months. A small percentage of seniors receiving home care services receive respite care and

there are marked differences between men and women. In 1998-99, only 5% of home care users reported receiving respite care. Compared to 10% of male recipients, only 2.5% of female users of home care received respite care.[27]

- Fewer seniors are living in institutional settings than in the past. The percentage of seniors living in institutions has declined from 8.1% in 1991 to 7.3% in 1996.[28]
- A large number of seniors, especially women, have unmet health needs. Although the percentage is only 4%, this nevertheless represents 176,654 seniors who reported in 1998-99 that they did not receive health care when they needed it. Among senior women, 119,311 (6.1%) reported not receiving needed services compared to 57,343 (3.8%) senior men.[29]
- On average, seniors spend a small proportion of their income on health care, in fact, about the same amount as for recreation and half as much as they spend on money gifts and donations. In 1998, only 4% of seniors' total expenditures were for health care services, most of which were for prescription medication and over-the-counter products and dental care.[30]

What We Don't Know

- The frequency of physician visits says little about access, and nothing about the appropriateness of the consultation. How long was the waiting time to see the doctor? Was the consultation necessary?
- Information about the decreasing frequency and duration of hospital admissions raises a number of questions for which there are not conclusive answers yet. Does the decrease reflect better care in the community, or better health status among seniors? Are seniors being discharged from hospital too soon, running a risk of re-admission because of complications? Alternatively, could the length of hospital stay be reduced even further without threatening good recovery if more home care services were available? Without completing a follow-up analysis by looking at health outcomes and

re-admission rates of these patients, for example, it is difficult to know whether decreasing hospital admissions and duration is a positive trend.

- Knowledge about the number of medications taken by seniors does not in itself say whether the medication use is appropriate. Are some seniors getting too much medication, or combinations of drugs that are dangerous? Are other seniors not being prescribed enough medication, for instance, to control pain? A better indication of appropriate medication use would result from determining the percentage of seniors who received the treatment appropriate for their disease conditions based upon evidence-based therapeutic recommendations.
- In the case of home care, knowing that 12% of seniors receive home care does not indicate whether access to this care is adequate, or whether the kind of services provided meets needs.
- There is yet no clear explanation for the decline in the percentage of seniors living in institutional settings. Is home care allowing more seniors who would have been placed in institutions to live successfully in the community? Is the supply of institutional settings sufficient to meet real needs? How long is the waiting time for institutional placement?
- A small, but significant number of seniors experience unmet health needs. What is the source of these unmet health needs? Is it accessibility to services, or lack of quality or effectiveness of the treatment?
- Although, on a national average, seniors do not spend a high proportion of their income on health care services, there is no information on the variation in costs, or the factors that influence this variation.

What We Need to Know

There are several indicators that we need to learn more about and be able to measure. This will allow us to evaluate with greater accuracy how well seniors are served by the health care system:

- **Accessibility**
  - What are the waiting times for various services, e.g., referrals, cancer treatment, institutional placement, etc.?
  - Is there a full range of health care services available?
  - Are some seniors paying a disproportionate amount of their household incomes on uninsured health care services?
- **Comprehensiveness**
  - Are there gaps between what seniors need and the health care services currently offered?
- **Effectiveness**
  - What are the outcomes of health care interventions?
  - Are earlier discharges from acute care hospitals a result of effective care or are they premature discharge?
- **Appropriateness**
  - Are some services or practices, such as drug prescription or diagnostic tests being overused or underused?
- **Satisfaction**
  - How satisfied are seniors with the accessibility and continuity of care? How satisfied are they with the quality of care received, as reflected, for example, in the amount of time a health care provider spends with them, in the clarity of communication with a patient and in the respect for patient treatment preferences?

How Well are Seniors Faring Economically?

How Well are Seniors Faring Economically?

Overview

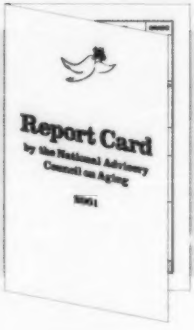
The quality of life and the health status of seniors depend largely on their economic status. Low-income Canadians are more likely to die prematurely and suffer more illness than are well-to-do Canadians. Income distribution in a society probably has an even greater impact on health than the overall income of its citizens. Income is often associated with the control people have over their lives and the choices they make. For seniors, economic well-being affects not only their health, but also their level of independence and their participation in society. To determine how well seniors are faring economically, the indicators used were income, source of income, income distribution between richest and poorest, assets and debts, and self-assessment by seniors of their economic well-being.

About the Information

- Because economic indicators are fairly numerous and readily available, there is enough information to answer the question about seniors' economic status completely.
- However, there is little qualitative data on seniors' income. The only qualitative indicator available is the perception that seniors have of their economic well-being, with data from 1991.

Report

- The economic status of seniors is quite positive. Seniors' average income and the value of their total assets have increased substantially in recent decades. During this period, income inequality among seniors declined considerably, as the income of the poorest seniors rose the most. Also, the diversification of seniors' sources of income means that seniors are less vulnerable than in the past, especially the youngest seniors. Nevertheless, inequality of income and wealth among seniors continues to be an issue, especially for women and for unattached seniors. A further concern is the fact that in recent years the increases in income have been modest and the number of contributors to employer pension plans has been declining.



Grade: B

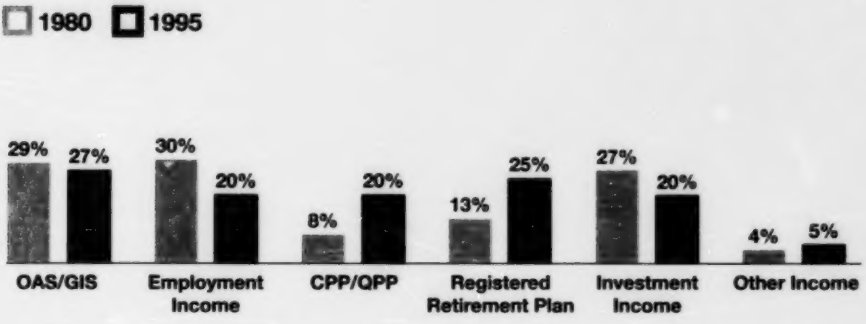
How Well are Seniors Faring Economically?

Indicator	Definition	Trend Direction Indicates
Income	Mean income of seniors	Situation improving
	Mean income of households headed by seniors, compared to all households	Mixed situation
	Mean income of unattached seniors, compared to other unattached people	Mixed situation
Source of income	Percentage of seniors' income derived from government pension programs, employer-sponsored pension plans and personal RRSPs	Situation improving
	Percentage of seniors receiving Canada and Quebec Pension Plan benefits	Situation improving
	Percentage of workers contributing to employer pension plans	Situation improving
	RRSP contributors and contributions	Situation improving
Income distribution	Percentage of seniors in the lowest income group of Canadians	Situation improving
	Income level for the one-fifth of seniors with the lowest incomes	Situation improving
	Low income within the seniors' population	Mixed situation
Assets and debts	Number of $ in debts for every $100 in assets	Stable situation
	Total assets (both financial and non-financial)	Situation improving
Economic well-being	Self-assessment of economic well-being by seniors	Trend unknown

Strengths

- On average, the real income of seniors has increased in recent decades.[31] In the 1980s, income rose by more than 10%, from $20,740 to $22,870. After 1990, there was a slower pace of growth, with income reaching an average of $23,080 in 1995.
- Women living alone, who are traditionally more affected by poverty, especially benefited from the rise in income.[32] The average income of these women rose from $14,630 to $17,060 between 1980 and 1990, a 17% increase. The income of women living alone stabilized after 1990, and the average was $17,080 in 1995.
- Between 1980 and 1995, there was also a considerable narrowing of the income gap between men and women in the early years of retirement.[33] This trend reflects the growing participation of women in the labour market. Women thus increased their contributions to public and private pension plans and to registered retirement savings plans (RRSPs). Between 1971 and 1997, the average after-tax income of women aged 65 to 69 increased by 60%, from $8,900 to $14,200 (in 1997 $).[34] Over the same period, the average income of men aged 65 to 69 went from $22,000 to $23,300.[35]
- In recent decades, there has been a major shift in seniors' sources of income. **(See Chart 3.1)** A growing proportion of seniors' incomes is now derived from public pension plans (Canada/Quebec Pension Plan (CPP/QPP)) as well as private employer pension plans.[36]
- The proportion of seniors receiving Canada Pension Plan benefits is higher for women of the more recent generations than for those in the past.[37] In June 2000, almost 60% of women aged 65 to 69 were receiving CPP benefits, while barely 30% of women over the age of 85 had income from this source. By way of comparison, slightly more than 70% of men aged 65 to 84 were receiving CPP income.

CHART 3.1
Pension income has increased while employment and investment income have decreased

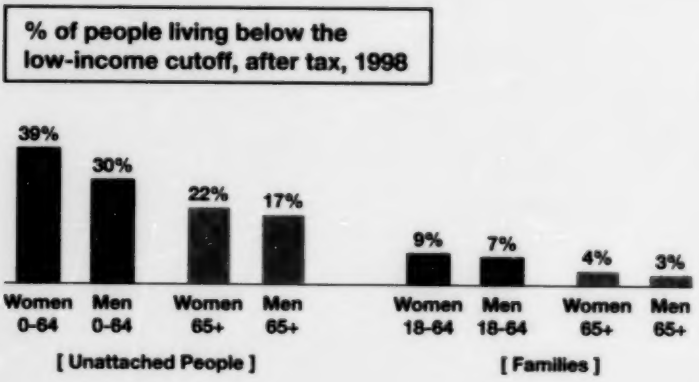


Source: Myles, J. Incomes of seniors. *Perspectives on Labour and Income*, Vol. 12, No. 4, Winter 2000: 23-32. Cat. No. 75-001-XPE.

- Participation in registered retirement savings plans (RRSPs) has grown substantially in the last 15 years. For Canadians as a whole, the value of their RRSPs increased considerably between 1984 and 1999.[38] During this period, the proportion of persons aged 55 to 64 who contributed to an RRSP increased by more than 25%, to nearly 70% in 1999, and the average value of their RRSPs jumped from about $15,000 to $50,000 (in 1999 $).[39]
- Income inequalities have decreased in recent years. The growth in seniors' income in the 1980s was especially beneficial to those with the lowest incomes. The disposable income of seniors with the lowest incomes rose by 31% between 1980 and 1990.[40]
- The proportion of low-income seniors has declined considerably in recent decades. In 1980, 40% of seniors were in the group with the lowest after-tax income, compared with 20% of Canadians as a whole. In 1995, their proportion in this category had fallen to 17%.[41]

- The economic status of women over age 65 living alone has clearly improved over time. In 1980, nearly 70% of these women were in the group of Canadians with the lowest after-tax income. This proportion fell to 42% in 1995.[42]
- In comparison with other Canadians, seniors are less likely to be living below the after-tax low-income cutoff.[43] **(See Chart 3.2)**

CHART 3.2
Fewer seniors are poor



Source: Statistics Canada. People with low income after tax [online]. [Cited May 10, 2001]. Access: <http://dissemination.statcan.ca/english/pgdb/people/families/famil19a.htm>

- Seniors' level of debt remained relatively stable between 1984 and 1999 while debts increased substantially for younger Canadians.[44] Seniors continue to have very low indebtedness.[45] While on average, in 1999, Canadians had $16 in debts for every $100, seniors living in a family had $3 in debts for every $100. Debt levels were even lower for unattached seniors: $2 for men and $1 for women.
- The total assets of seniors are substantially greater than those of other Canadians. Families of seniors have the highest net value among all family types, with a median value[46] of $202,000.[47] Between 1984 and 1999, the net value of the total assets of seniors living alone increased by 69% while those

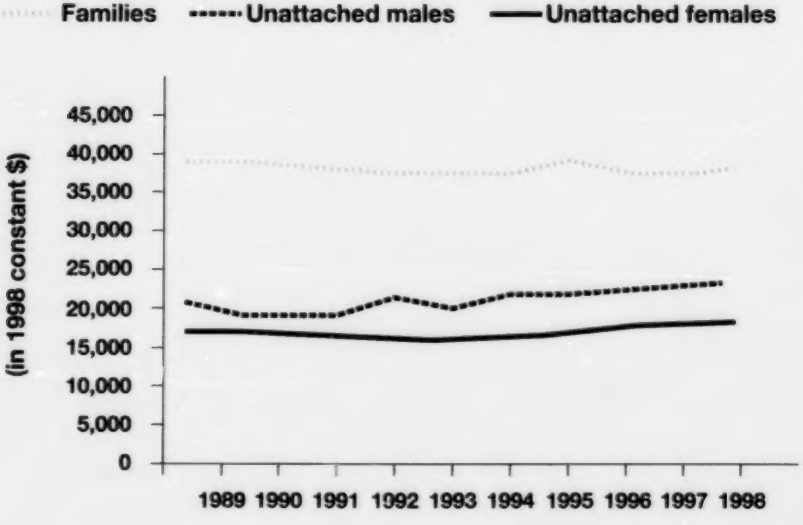
of families of seniors rose by 42%.[48] In 1999, seniors living alone had substantially more assets than non-seniors living alone, nearly 10 times more for men ($111,110 versus $11,200) and 6 times more for women ($76,600 versus $11,200).[49]

- Seniors are generally quite satisfied with their economic well-being.[50] In 1991, more than 80% of seniors found that their current income and their investments met their needs either very well or adequately. This assessment was slightly more positive than that of persons aged 45 to 64, 76% of whom reported that they were satisfied.

Weaknesses

- Large gaps still remain between seniors living in a family and those living alone. Seniors living alone have clearly lower incomes than do seniors living in a family **(See Chart 3.3)**, and more of them are living below the low-income cutoff. **(See Chart 3.2)**

CHART 3.3
Unattached senior women have the lowest after-tax income



Source: Statistics Canada. Average income after tax by selected family types [online]. May 9, 2001 [Cited May 10, 2001].
Access: <http://www.statcan.ca/english/pgdb/people/families/famil21b.htm>

- Women over age 65 living alone continue to be in a difficult position, despite considerable improvement in recent decades.[51] In 1995, these women were twice as likely to be in the group of Canadians with the lowest after-tax income (42% versus 20%). Nearly 40% of these women's income is derived from Old Age Security and the Guaranteed Income Supplement.[52]
- When women first retire, their income remains lower than that of men. This situation primarily reflects women's lower rate of labour force participation as well as the wage gaps between men and women. In 1999, the income of women between 65 and 69 was only 61% of the income of men of the same age.[53] On average, there is still a gap of more than $9,000 after taxes between the income of men and women when they first retire.
- Following the sizeable economic catch-up by seniors during the 1980s, there was some levelling-off during the 1990s. The rate of growth in seniors' income has been slowing since the early 1990s. On average, the income of seniors living in families of two persons or more has decreased since 1989 while the income of seniors living alone has remained the same. **(See Chart 3.3)** Also, the percentage of seniors living below the after-tax low-income cutoff has been rising slightly since the mid-1990s (with the exception of women living alone).[54] In the report, in 1998, 319,000 seniors were living below the poverty line, including 231,000 women.[55]
- The proportion of paid workers contributing to a registered pension plan (RPP) – that is private employer plan – is gradually dropping. At the end of 1998, the figure was 41%, which is lower than the figure of 45% in 1992.[56]

For Action

- Priorities for actions concerning the economic security of seniors target seniors living alone, especially women.

What are Seniors' Living Conditions?

What are Seniors' Living Conditions?

Overview

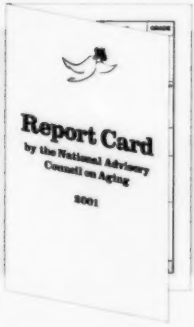
Safe, supportive and enabling environments are key factors in maintaining health, independence and social participation in later life. To get a sense of the adequacy of seniors' living conditions, the following measures were examined: the living arrangements of seniors, housing tenure and affordability, access to transportation, fear of crime and criminal victimization. Inappropriately designed housing can pose barriers for seniors who experience problems with mobility, and high housing costs can limit spending on other items essential to quality of life. Lack of access to either a private vehicle or to public transportation creates dependency on others for transportation and restricts social and recreational activities outside the home. Owning a vehicle or having a driver's licence are particularly important for seniors living in small towns and rural areas where there is little or no public or special-needs transportation available. Seniors who live alone or who do not feel safe in their neighbourhood are at risk of becoming isolated from the larger community. Criminal victimization can threaten seniors' material well-being and shake their self-confidence and sense of safety.

About the Information

- Information regarding access to and usage of public transportation is limited to the 1991 Survey on Ageing and Independence. This survey has not yet been repeated but NACA understands that Statistics Canada is planning to do so.
- There is no information about the availability of alternative housing options, such as adapted housing to accommodate disabilities, or supportive housing.

Report

- The majority of Canadian seniors appear to be living in safe and secure environments. Many own their own homes and have easy access to private transportation. However, there remain many seniors who are at risk of isolation and of inadequate or unaffordable housing – those who live alone, in rental accommodation or who do not have access to transportation.



Grade: C

What are Seniors' Living Conditions?

Indicator	Definition	Trend Direction Indicates
Living arrangements	Percentage of seniors living alone	Situation worsening
Tenure	Percentage of senior homeowners	Situation improving
	Percentage of senior renters	Stable situation
Core housing need	Percentage of seniors unable to afford shelter that meets adequacy, suitability and affordability norms	Unknown situation
Transportation	Percentage of seniors who own a vehicle	Mixed situation
	Percentage of seniors who have access to public transportation	Mixed situation
Criminal victimization	Rates of seniors victimized by violent crime	Stable situation
	Percentage of seniors who fear for their safety	Stable situation

Strengths

- Most seniors are homeowners and are mortgage free and hence have greater disposable income compared with those who carry a mortgage. In 1997, 68% of households headed by someone aged 65 and over owned their own home, which is an increase from 64% in 1988. In 1997, 59% of all senior households were mortgage free.[57]
- In 1991, the majority of seniors felt they had access to public transportation when they needed it.[58]
- The vast majority of families headed by seniors own their own vehicle as do many seniors who are unattached. In 1997, 90% of families headed by seniors owned at least one vehicle, about the same figure as for families headed by someone

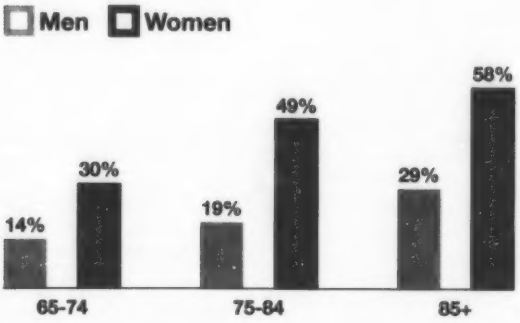
under age 65. This is a 1% increase from 1995. In the same year, approximately 51% of unattached seniors owned a vehicle compared to 68% of unattached people under age 65 reflecting a 1% decrease from 1995 for both of these age groups.[59, 60]

- Seniors are the least likely age group to be the victims of violent crime. In 1999, 3.3% of men over 65 and 2.9% of women over 65 were victims compared to 16.8% of male youth and 13.9% of female youth.[61]
- While in general, seniors are more afraid of walking alone in their neighbourhoods after dark than younger age groups, those seniors who do engage in this activity feel just as safe as their younger counterparts.[62]

Weaknesses

- A large and growing number of seniors are living alone and do not have the support that comes with a shared household: this situation particularly affects older senior women. **(See Chart 4.1)** In 1996, 29% of seniors lived alone compared to 27% in 1981 and 21% in 1971. In 1996, seniors made up 36% of all people living alone even though they represented only 12% of the total population.[63]

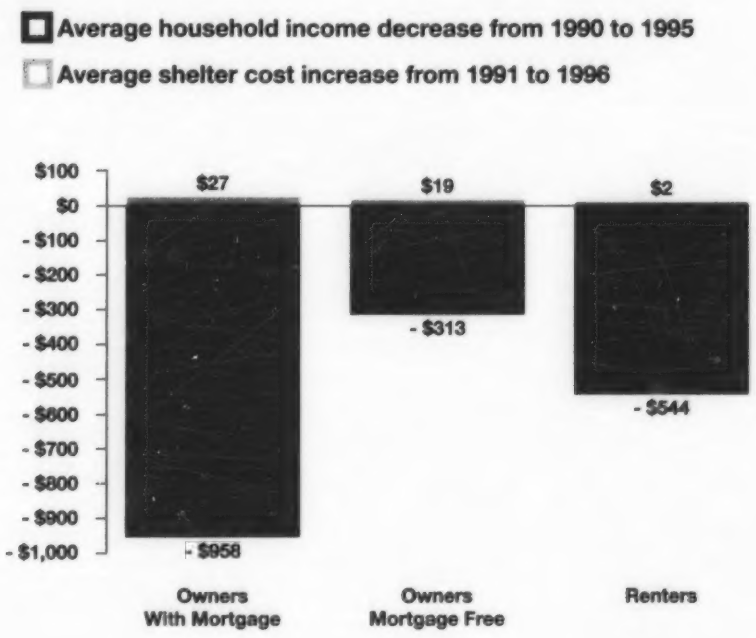
CHART 4.1
More women and older seniors live alone



Source: Lindsay, Colin. *Statistical snapshots of Canada's seniors*. No. 8. Ottawa: Division of Aging and Seniors, Health Canada, 2000.

- The proportion of income spent on shelter has increased both for senior homeowners (with and without mortgages) and renters. While the average cost of housing increased slightly between 1991 and 1996, average household income decreased. **(See Chart 4.2)**

CHART 4.2
Shelter costs have risen while incomes have declined

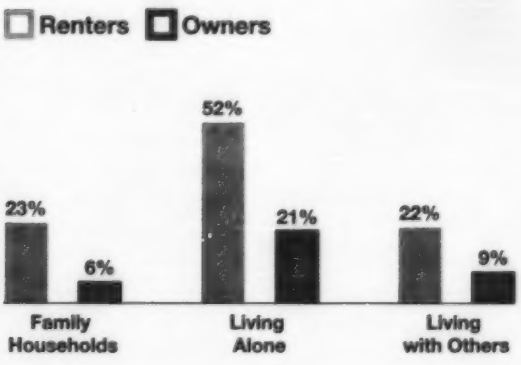


Source: Statistics Canada. *The Daily*, June 9, 1998. Cat. No. 11-001E.

- Senior homeowners who have mortgages tend to spend a large percentage of their income towards their mortgage, leaving them vulnerable if they are faced with unexpected expenses. Among the 10% of senior homeowners who have mortgages, 19.4% of those aged 65-75 have payments which are 50% and more of their income; and 26.2% of those aged 75 and over have payments which are 50% and more of their income.[64]

- A large number of seniors live in rental accommodations, particularly those who live alone. Renting can leave seniors with low and modest incomes vulnerable if rents increase beyond their means and if affordable rental accommodation is unavailable. In 1995, 51% of unattached seniors over the age of 65 were renters compared to 17% of senior-headed families.[65] In 1997, these percentages had decreased by only 1%.[66]
- Canadians are said to have core housing needs when they have to pay more than 30% of their income to access adequate, affordable and suitable housing. A significant number of seniors have core housing needs, particularly those who live in rental accommodations. **(See Chart 4.3)** Among renters, seniors with core housing needs are more likely to be living alone. Among seniors who rented in 1996, 38% had core housing needs compared to 9% of seniors who owned their homes.[67] Among renters, 36% of adults aged 65-74, and 41% of those aged 75 and over, paid 30% and more of their income towards rent in 1996.[68]

CHART 4.3
More seniors living alone and renting have core housing needs



Source: Custom tabulations by Canada Mortgage and Housing Corporation using 1996 Census data.

- Rural senior women are less likely to drive than rural senior men. In 1996, 77% of married senior men living in a rural area were drivers compared with 36% of married senior women.[69]
- Women aged 75 and over are at risk for low incomes and are less likely to own a car. Yet, in 1991, 11% of this group who wanted to use public transportation were unable to do so.[70]
- Seniors are the prime targets of fraudulent crimes, such as fake investment opportunities, phony contests and false fundraising campaigns. People over the age of 60 account for three quarters of those defrauded of more than $5,000 in 1997 and the vast majority were victimized more than once.[71]

For Action

- Priorities for immediate action include increasing the stock of affordable rental housing and reducing the rates of economic crime victimization.

How are Seniors Participating in Society?

How are Seniors Participating in Society?

Overview

This section describes some of the major ways seniors participate in and contribute to society. To illustrate the mutually beneficial relationship that seniors have with others, there are indicators of giving help to, and receiving help from, other people. Annual donations to charitable organizations by seniors depict their generosity towards and support of these organizations. Employment rates of seniors indicate how many seniors are participating in the paid labour force and unemployment rates give an idea of how many more seniors would like to participate in the labour force. Participating in society is more than unpaid and paid work and donations: it also can mean developing new skills and knowledge to keep up with a changing world and to communicate with other generations. For that reason, the level of seniors' involvement in educational activities and computer use are examined.

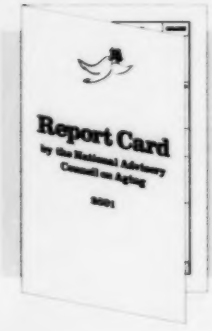
About the Information

- Information about barriers to seniors' participation in the labour force is incomplete, e.g., only the percentage of seniors reporting involuntary retirement owing to mandatory retirement policies is known and these figures date back to 1994.
- Information on informal volunteering and charitable donations based on the 1997 National Survey on Giving, Volunteering and Participating cannot yet be compared over time, nor can information on help received from others based on the 1996 General Social Survey.

- Additional measures – such as participation in recreational activities and social or cultural groups – would reflect other ways that seniors are integrated in society.

Report

- Seniors participate in and contribute to society in many ways other than paid employment. They contribute their time and their money generously to worthy social causes and they receive strong personal support from other people. Health problems appear to be the main reason why formal volunteer participation rates are lower among seniors. More seniors own computers than in previous years. However, there are indications that some seniors may not be participating as fully as they might wish. Nearly 1 senior in 5 reported in the mid-1990s that he or she was forced out of the labour force by mandatory retirement policies. Finally, the proportion of seniors participating in formal learning programs remains low.



Grade: B

How are Seniors Participating in Society?

Indicator	Definition	Trend Direction Indicates
Help given by seniors	Percentage of seniors volunteering informally	Unknown situation
	Percentage of seniors volunteering formally	Stable situation
Help received by seniors	Percentage of seniors receiving a high level of social support (someone to confide in, someone they can count on in a crisis, someone who makes them feel loved and cared for, and, someone they can count on for advice)	Situation improving
Donations	Average annual dollar value of seniors' donations	Unknown situation
Employment status	Percentage of seniors who are economically active/involved in the labour force	Mixed situation
	Percentage of seniors who are unemployed	Situation improving
Age discrimination	Percentage of seniors reporting involuntary retirement due to mandatory retirement laws	Unknown situation
Education	Percentage of seniors participating in formal learning activities	Stable situation
Computer ownership	Percentage of households headed by seniors owning a computer	Situation improving

Strengths

- Many seniors volunteer both informally and formally. In 1997, 58% of all seniors volunteered informally outside their homes.[72] Seniors' participation rate in formal volunteering in 1997 was 23%[73] – almost identical to the 22% participation rate for seniors in 1987.[74] The 1997 seniors' rate of 23% was lower than the combined average for other age groups at

33%. Seniors, however, volunteer a greater number of hours per year – 202 hours per person per year – than other age groups (combined average of other age groups: 145 hours per person per year).[75]

- With an average donation of $328 per person per year, seniors contribute more to charities than any other age group (the next highest donors are people aged 55 to 64, who donate a yearly average of $313).[76] In 1997, 80% of all seniors made at least one charitable donation.[77]
- A vast majority of seniors feel they are supported by those close to them based on response to the questions about having someone to confide in, to count on in crisis, to count on for advice, and feeling loved. The number of seniors who felt they received high social support increased for both men and women between 1994/95 and 1996/97, though more women than men felt they received this high level of social support.[78] **(See Table 5.1)** In 1996, 84% of seniors received assistance with household or personal chores in the previous 12 months.[79]

TABLE 5.1
Most seniors receive high level of social support

	Age 65-74		Age 75+	
	Men	**Women**	**Men**	**Women**
[redacted]	65%	75%	64%	76%
[redacted]	73%	77%	68%	74%

Source: Statistics Canada and Canadian Institute for Health Information. Health Indicators [online]. Vol. 2001, No. 1 (April 2001) [Cited May 10, 2001].
Access: <http://www.statcan.ca/english/freepub/82-221-XIE/00401/tables/htmltables/p2321.htm>

- The vast majority of seniors are not in the paid labour force. Given that seniors' incomes improved markedly during the 1980s, it is likely that most of this decline in labour force participation is due to seniors being financially secure enough to choose retirement earlier than in the 1970s. In 1998, just over 225,000 seniors – or 6% of the total senior population – were employed. This represents a decline from the mid-1970s when approximately 9% of seniors were employed.[80]
- Unemployment among seniors is not high and has declined. It appears that more seniors who looked for work in 1999 found employment versus 1995, since the unemployment rate declined from 4.2% in 1995 to 2.7% in 1999.[81]
- A growing number of seniors are owning, and presumably using, computers. In 1997, 13% of households headed by seniors owned a computer, up from 5% in 1990.[82]
- A number of seniors enroll in some kind of educational program. In 1997, 175,000 seniors, or 5% of the total senior population were enrolled in such programs[83] – the same participation rate as in 1981. This figure does not capture the amount of informal learning undertaken by seniors, e.g., hobbies, reading at home, etc.

Weaknesses

- Mandatory retirement policies are a barrier to seniors' participation in the labour force. In 1994, 19% of male seniors and 13% of female seniors indicated they were forced into retirement because of mandatory policy based on age.[84]
- Seniors' rates of enrollment in educational activities are lower than among other age groups.[85]

For Action

- A priority for immediate action is the abolishment of mandatory retirement at age 65 in provinces where it still exists.

Overall Evaluation

Overall Evaluation

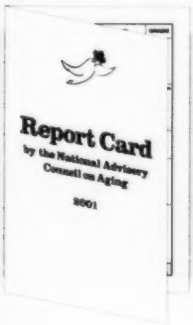
This report's examination reveals that the situation of seniors in Canada is generally satisfactory. Substantial improvements have been made since the 1980s, particularly in the areas of health and economic security. Most seniors appear to live in affordable housing, free from the threat of violent crime and to have access to transportation, either private or public. The majority are involved in their families and communities, both giving of their time and money to social causes and receiving practical and personal support from others. In all policy areas, however, there is room for further improvement.

Some issues requiring attention affect seniors generally, such as the risk of injuries and of fraudulent crimes, inadequate levels of physical activity and discrimination from paid employment because of mandatory retirement policies. Improvements in seniors' income have stalled since the 1990s and the costs of shelter have been rising more than incomes.

Good health, adequate income and social well-being are not shared equally among seniors. Seniors with low incomes have a greater risk for many health problems and access to housing that meets basic standards is more difficult for them. Older senior men continue to be the group most vulnerable for suicide. Senior women living alone consistently face more risks – for low income, unaffordable housing and transportation difficulties.

An important gap in the evaluation is how the health care system is serving seniors. The information available about how seniors use the health care system does not provide any answers regarding the adequacy of seniors' access to health care, the effectiveness and appropriateness of the services provided nor seniors' level of satisfaction with the care they receive.

The National Advisory Council on Aging will be monitoring the situation of seniors over several years to come. Future Report Cards and interim reports will measure the improvements and continue to apply pressure to ensure progress on all fronts.



Overall Grade: C

End Notes

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15 Canadian Institute for Health Information. *National Trauma Registry 1999 Report Hospital Injury Admissions 1997/98 Data*. Ottawa: 1999. In 1995-96, there were 20.5 injury admissions per 1000 seniors and in 1997-98, there were 20.0 admissions per 1000 seniors.

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17 Percentage change in number of hospital injury admissions due to falls increased by 6.7% between 1994-95 and 1997-98 while the percentage change in senior population increased by 6.3% during the same period. From 1994-95 to 1995-96: +2.6%; from 1995-96 to 1996-97: +2.7%; from 1996-97 to 1997-98: +1.3%. Percentage change in senior population: from 1994-95 to 1995-96: +0.11%; from 1995-96 to 1996-97: +0.13%; from 1996-97 to 1997-98: +0.13%.

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20 Men's suicide rates are used for comparison because their suicide rates are consistently higher than women's.

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40 This group is the one fifth of seniors with the lowest incomes. Myles, J. Incomes of seniors.

41 Myles, J. Incomes of seniors.

42 Myles, J. Incomes of seniors.

43 It is more accurate to compare after-tax income than pre-tax income, since redistribution of income takes place through taxation.

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46 In other words, 50% of seniors have an estate worth less than this median value (in this case $202,000) and 50% have an estate worth more.

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We would appreciate receiving your views and suggestions on this first Report Card. You can send us your comments in a number of ways:

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1. **To what extent did you read the Report Card?**

   ___ I looked at it briefly
   ___ I looked at it generally and read some sections
   ___ I read the whole report

2. **How would you rate the information contained in the Report Card?**

   ___ Very useful
   ___ Useful
   ___ Not very useful
   ___ Not useful at all

3. **How do you find the length of the Report?**

   ___ Report is too short
   ___ The length is right
   ___ Report is too long

4. **Do you find the information easy to read?**

___ Very easy
___ Easy
___ Somewhat difficult
___ Difficult

5. **Did the charts help you understand the statistics? Did you find them:**

___ Very useful
___ Useful
___ Not very useful
___ Not useful at all

6. **One objective of this document was to report on indicators to assess the status and the evolution of seniors' condition in Canada. Was this objective reached?**

___ Very well
___ Well
___ Partly
___ Not at all

7. **How could we improve the Report Card?**

_____
_____
_____
_____

Help us evaluate our readers

Are you 65 or over? Yes___ No___
Do you work or care for seniors? Yes___ No___

Thank You

Our thanks for taking the time to answer our questionnaire. Your answers and comments will be very useful in preparing the next edition of the Report Card.